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|   | **Goods Movement Emission Reduction Grant ProgramBAAQMD Transport Refrigeration Unit (TRU) Replacement** |
| *375 Beale Street, Suite 600, San Francisco, CA 94105 www.baaqmd.gov/goods* |

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| ***PART I - Applicant Contact and Project Information - Complete only 1 copy of Part I and a copy of Part II for each unit of equipment for the proposed project*** |
| **APPLICANT INFORMATION** |
| **Name of Applicant:**  |
| **Organization/agency/business name:** |
| **Mailing Address:** |
| Street Address/P.O. Box: |
| State: | County: |
| City: | Zip: |
| Fleet size:  | # of trucks & trailers with TRU: |

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| **CONTACT INFORMATION** |
|  | **Name** | **E-Mail** | **Phone number** | **Fax number** |
| Primary Project Contact |  |  |  |  |
| Person(s) with Authority to Sign contracts (owner) |  |  |  |  |
| Person who Completed Application |  |  |  |  |

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| If a ***Third Party*** (e.g., engine dealer, distributor or consultant, etc.) assisted the Applicant to complete the application, complete this section (3 questions and sign/date): |
|  What is your position? |
| How much are you being paid to complete this application for the owner or to assist in the proposed project?  $ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
|  What is the source of funds being used to pay you?  |
| **Third Party Signature and Date** Name Signature Date |

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**Applicant must read and initial each item below to indicate understanding and agreement:**

1. I certify that I am the legal owner of the equipment described in this application or that I have the legal authority to apply for funding for this equipment as or on behalf of the equipment owner and that I am authorized to sign this application as or on behalf of the equipment owner.

**Initial**: \_\_\_\_\_\_\_\_\_

1. I certify that I have reviewed the application and to the best of my knowledge, the information contained in this application and in any documentation submitted in furtherance of this application is true and accurate.

**Initial:** \_\_\_\_\_\_\_\_\_

1. I understand that an incomplete or illegible application or the absence of any required documentation may cause this application to be considered incomplete, and this application may be rejected by the Air District at its discretion.

**Initial**: \_\_\_\_\_\_\_\_\_

1. I agree to comply with all requirements of the Proposition 1B Goods Movement Emission Reduction Program Guidelines, and terms & conditions of the grant agreement signed in furtherance of the proposed Project.

**Initial**: \_\_\_\_\_\_\_\_\_

1. I certify that I have not applied for or received additional grant funds from any other public entity (including any air district, the California Air Resources Board (CARB), or any Federal agency) or public program for the equipment described in this application and I agree that, if in the future, I submit an application for or receive additional grant funds from other public entities that would be used for the same equipment, I will disclose the name of the funding source(s), the full grant amount(s) and purpose(s) of that additional funding.

**Initial**: \_\_\_\_\_\_\_\_\_

1. I certify that if previous Goods Movement Program, Carl Moyer Program, or other incentive funds have been used to retrofit or upgrade the same equipment described in this application, I have indicated this in the application form.

**Initial**: \_\_\_\_\_\_\_\_\_

1. (If applicable) I hereby disclose the value of any existing financial incentive that directly reduces the Project cost (including tax credits or deductions, grants, or other financial assistance) for the same equipment described in this application:

**Existing financial incentive**: $\_\_\_\_\_\_\_\_\_

**Initial**: \_\_\_\_\_\_\_\_\_

1. I certify that the equipment owner will pay any project costs beyond the grant amount awarded for this Project and that these matching funds will be available within a reasonable timeframe to complete this Project.

**Initial**: \_\_\_\_\_\_\_\_\_

1. I certify that neither the equipment owner nor the equipment described in this application has any outstanding (meaning “unpaid”) violations of ARB regulations.

**Initial**: \_\_\_\_\_\_\_\_\_

1. I understand and agree that the Air District or its designees must conduct inspections of the equipment that is the subject of this application prior to an award in order to verify eligibility and compliance with requirements of the Goods Movement Program.

**Initial**: \_\_\_\_\_\_\_\_\_

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1. I certify that the proposed project is not required by any local, State or Federal rule or regulation; judicial order, or agreement, memorandum of understanding, contract, or other binding obligation that requires the project equipment to implement any portion of the project that would be funded by the Air District under the Goods Movement Program.

**Initial**: \_\_\_\_\_\_\_\_\_

1. I certify that I have been provided information outlining equipment owner responsibilities to maintain eligibility for grant funds, including maintaining required vehicle registration and ownership; keeping equipment in legal operating condition, satisfying outstanding air pollution citations, complying with all ARB regulations, and reporting, replacing or repairing equipment that has been damaged, destroyed, stolen or had a change of usage from that described in this application.

**Initial**: \_\_\_\_\_\_\_\_\_

1. I certify that I have attached documentation to this application showing that my organization carries at least the minimum insurance (e.g., Workers Compensation, Vehicle Liability, and Vehicle Physical Damage Insurance) as required by law for my fleet or company and that this insurance is held with a carrier rated A.M. Best’s rating of no less than A: VII.

**Initial**: \_\_\_\_\_\_\_\_\_

1. I understand and agree that replacement equipment purchased under terms & conditions of the grant agreement executed for this Project cannot be included in the grantee’s fleet compliance strategy, fleet averaging or Best Available Control Technology (BACT) percentage limits calculations for purposes of compliance with any ARB regulation until ARB-specified dates allow (see Allowable Use of Equipment at <http://www.arb.ca.gov/bonds/gmbond/gmbond.htm> for updated schedule).

**Initial**: \_\_\_\_\_\_\_\_\_

1. I understand that new equipment purchased outside of California may be subject to California sales and/or use tax.

**Initial**: \_\_\_\_\_\_\_\_\_

1. I understand that this application is for evaluation purposes only and does not guarantee that grant funding will be awarded to any or all of the equipment described in this application.

**Initial**: \_\_\_\_\_\_\_\_\_

1. I understand and agree that equipment funded by the Goods Movement Program can only be purchased or placed into operation after the grant agreement has been fully-executed between the equipment owner and the Air District and a “start-work” order has been issued in writing to the equipment owner by the Air District.

**Initial**: \_\_\_\_\_\_\_\_\_

1. I certify that equipment purchased as part of this Project must be used in 100% California operation in a port, intermodal railyard or freight facility in the four trade corridors, and I will comply with the appropriate usage and equipment registration requirements for the duration of the Project Term outlined in the grant agreement (e.g., five (5) years for TRU projects).

**Initial**: \_\_\_\_\_\_\_\_\_

1. I certify that the equipment purchased as part of this Project will operate a minimum of 50% of its usage in California’s major trade corridors for the duration of the Project Term outlined in the grant agreement. (map: <http://www.arb.ca.gov/bonds/gmbond/docs/gmtradecorridors.jpg>).

**Initial**: \_\_\_\_\_\_\_\_\_

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1. I certify that I have attached all the required Attachments to this application.

**Initial**: \_\_\_\_\_\_\_\_\_

1. I certify that all the equipment for which I will be applying during this solicitation period has been included in this application.

**Initial**: \_\_\_\_\_\_\_\_\_

1. I understand and certify that accepting grant funds from the Goods Movement Program may lead to tax liability and that by signing the grant agreement for the Project, agree to accept this liability.

**Initial**: \_\_\_\_\_\_\_\_\_

1. I understand and certify that if the Air District receives a Public Records Request requiring release of information about my Project, that the Air District may release a business address but not a personal or home address, since business addresses are considered to be publically-available (directory) information.

**Initial**: \_\_\_\_\_\_\_\_\_

1. I certify that, if selected for funding, the Program-funded equipment shall be placed into operation and post-inspected prior to the applicable operational deadlines to remain eligible for funding.

**Initial**: \_\_\_\_\_\_\_\_\_

**I certify that I have the legal authority to apply for funding on behalf of the applicant entity, and that I am authorized to sign and submit this application on behalf of the applicant/equipment owner.**

**Signed:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

(Authorized Representative of Applicant/ Equipment Owner)

**Name (Please Print): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Title:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

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***Part II – Equipment Information for Proposed Project***

***EQUIPMENT INFORMATION*** *(complete one Equipment page for each unit you are applying for)*

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| **EXISTING EQUIPMENT** |
| **Transport Refrigeration Unit (TRU)** |
| TRU Make:  | TRU Model:  | TRU Model Year (MY):  |
| TRU horsepower: |  |  |
| **TRUCK (for truck TRUs only)** |
| Engine make:  | Engine model:  | Engine MY: |
| Engine horsepower: | Engine serial#: | Fuel type: |
| Engine family name (EFN):  | ARBER IDN (number): |
| How many trucks or trailers in your fleet are equipped with TRU? Trucks Trailers |
| **Equipment vocation: What is the primary purpose of this unit’s daily operation?** |
|  |
| Approximately how many hours per year does this unit operate while parked at freight facility **LOADING DOCK**? |
| Approximately how many hours per year does this unit operate while parked at freight facility **PARKING SPOT**? |
| Total annual operating hours for this unit: |
| **PROPOSED REPLACEMENT EQUIPMENT** |
| Make:  | Model:  | Model Year (MY):  |
| Equipment fuel type: |  |
| Estimated annual usage of Replacement Equipment: hours/year |
| **FUNDING - Please select ONE project option by fuel type and funding amount:** |
| [ ]  **Zero-emission (electric, fuel cell) TRU Replacement** |  **Lower of 80% of project cost or $50,000** |
| [ ]  **Cryogenic TRU Replacement***(minimum of 5 existing TRUs must be replaced)* |  **Lower of 80% of project cost or $100,000**[ ]  **Number of additional units (up to $20,000**  **each): \_\_\_\_\_\_\_\_** |
| **You may request an amount lower than the funding options shown to enhance the project cost-effectiveness score** |
| If other, what is the requested grant award amount? $ |
| Total project cost (estimated cost of proposed equipment): $ |

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| ***CHARGING OR FUELING INFRASTRUCTURE (****Complete one facility description for each facility where installation of charging or fueling infrastructure is proposed)* |
| **FACILITY INFORMATION** |
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| Street Address |
| State: | County: |
| City: | Zip: |
| Is facility a (circle): Port Rail yard Freight facility Grocery retailer |

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| Estimated number of trucks and trailers equipped with TRU that visit the freight facility per day:  |
| Number of loading docks at facility: | Number of parking spots at facility: |
| **Applicant must provide documentation for TRU usage at the facility for each of the past two years** |
| Estimated average number of TRU operating hours while parked at facility **loading dock:** |
| Estimated average number of TRU operating hours while parked at facility **parking spot:** |
| **Charging or Fueling Infrastructure Applications (including grocery retail projects)** - Attach a brief written proposal describing required elements of infrastructure project proposal as outlined in 2015 Guideline Appendix F (pp. F-1 through F-10) and include itemized quotation/s for all project costs. |
| **FUNDING - Please select ONE project option by fuel type and funding amount:** |
| [ ]  **Electric Infrastructure** | [ ]  **Cryogenic Infrastructure** | [ ]  **Replace insulated trailer & install electric plug at grocery retail store**  |
| **Indicate the total number of plugs proposed:** **\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_****Lower of 50% of project cost or $3,000 per electric plug** | **Lower of 50% of** **project cost or $100,000** | **Indicate the total # of trailers/plugs proposed:** **\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_****Lower of 50% of project cost or $40,000 per replacement & installation of electric plug** |
| **You may request an amount lower than the funding options shown to enhance the project cost-effectiveness score** |
| If other, what is the requested grant award amount? $ |
| **SITE OWNER PROJECT ACKNOWLEDGEMENT – site owner must acknowledge and agree to the following:**  |
| 1. The equipment owner will be allowed to install and operate the Program-funded equipment at the site address.
2. Program-funded equipment will be the property of the applicant listed in the equipment project application.
3. The local agency, ARB or their designees will be allowed to access the site, equipment and associated records for inspections, Program reviews or fiscal audits.
 |
| I acknowledge I am the site owner of this facility and agree to this Site Owner Project Acknowledgement, at a minimum, for the duration of the project term. Name Signature Date |

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| **DOCUMENTATION** |
| **Applicant must upload the following attachments using the online system, email attachment or fax:** |
| * Equipment owner photo ID [if a company, usually the Signing Authority’s driver’s license) (required)
* Documentation of equipment ownership and insurance (required)
* Documentation demonstrating compliance with ARB’s Equipment Registration (DOORS or ARBER) (required)
* Current hour meter reading for each unit (odometer for yard truck) and for each unit, sufficient hour meter or usage records for our staff to calculate annual usage during each of the past two years (0-12 months ago & 13-24 months ago) (required)
* Written proposal describing proposed electric charging or cryogenic fueling infrastructure project addressing requirements (as applicable) of Appendix F of Program guidelines
* PTO or separate engine usage documentation (as above) as applicable
* Written estimate (quote) for new equipment or infrastructure (including installation costs)
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| **CONTACT BAAQMD** |
| If you have questions, please contact Air District staff at (415) 749-4994 (option 1) or by email grants@baaqmd.gov. |
| **Please return completed application forms and attachments to:**

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| MAIL: | E-MAIL: | FAX: |
| **BAAQMD****STRATEGIC INCENTIVES DIVISION/GMP375 BEALE STREET, SUITE 600SAN FRANCISCO, CA 94105** | **GRANTS@BAAQMD.GOV** | **(415) 749-5020** |

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